When The Patient Is Biased

The Intersection of Compliance, Inclusion, and Culture

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**Scenario 1**

- **What would you do?**
- **What conflicts arise?**
- **What risks might this scenario pose to the organization?**

Dr. Angela Rowe, a pediatric emergency medicine doctor at a rural hospital, walks into her next patient’s room and sees a 3 year old girl, a woman, and a man. She smiles and greets them.

As she typically does to begin a visit, she kneels down to engage the 3 year old patient who is cowering on her mother’s lap. Before she is able to stretch out her hand, the patient's dad says quietly, "I'm sorry. Please do not touch my daughter. We would prefer a different doctor.”

Dr. Rowe is taken aback initially but figures there must be a religious or cultural reason that they prefer a different doctor. "May I ask why?"

"We want a white doctor," the father states calmly.
A transgender Hmong man has been referred for an upcoming procedure. When he calls to schedule the procedure, he makes a request of the scheduler.

"During my care I do not want to be treated by any Hmong staff members."

"May I ask why?" the scheduler inquires.

"I am not out in my community and word travels fast. Can you make sure that no Hmong providers see me?"

**Scenario 2**

- **What would you do?**
- **What conflicts arise?**
- **What risks might this scenario pose to the organization?**

**In what ways is this scenario the same or different from scenario 1?**

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**So many issues... So many risks...**

- EM TALA
- ACA 1557
- Culturally Competent Care
- Professional Ethics
- Plan Network Sufficiency

- Reputational Risk
- Fair Labor
- Child Protection
- Equitable Care
- Professional Boards

- Patient Choice, Autonomy
- Employment Protections
- Privacy
- Conditions of Participation
- Rural Hospital Staffing

...and so many more...
At a Glance

Supporting health and well-being for 60 years

Health Partners offers health insurance and care. We also do work in education and research. We were founded in 1957 and have always been governed by our members. Our headquarters is in Bloomington, Minn.

- 90+ clinics and hospitals
- 6 states where we offer health insurance
- 26,000 dedicated employees
- 1.2 million patients
- 1.8 million insured members
- 400+ research studies each year

Our Journey

- **Fall 2016**: Team Talks on RACE
  - Learned how patient/member bias impacts colleagues

- **Summer 2017**: Focus Groups
  - Hosted input sessions with teams across organization to learn effective strategies and build process

- **January 2017**: Leadership Team
  - Formed, to benchmark, and design strategy to support colleagues. Draft of guidelines

- **Fall 2017**: Resource Design
  - Partnered with teams across the organization to design and refine resources for colleagues

- **2018**: Team Talks & Rollout
  - Reach leaders and teams across the organization
Our Journey

FALL 2016
TEAM TALKS ON RACE
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- Medical Ethics
- Patient and Member Experience
- Diversity and Inclusion
- Integrity and Compliance
- Clinical Operations
- Physician Leadership
- Interpreter Services
- Communications
- Learning and Development
Should we have a policy?

... III.a. If the conflict is noticed during hours maintained by the Patient Representatives (M-F 8:00-4:30pm), a Patient representative will discuss the concerns with the patient and/or family. The Patient Representative may request assistance from the appropriate managers in the discussion and in attempts toward resolution. Steps to resolve the conflict will include the steps described in III.b., below.

If the conflict and/or steps to resolve the conflict occur during hours other than those indicated in III.a., above, the Patient Flow Supervisor then assigned to the unit on which the conflict has occurred will be responsible for those actions normally given to the Patient Representative as described in III.a., above. . . .

Establishing Standards

| VALUES AND VISION | Health as it could be, affordability as it must be, through relationships built on trust; Excellence, Compassion, Partnership, Integrity |
| RIGHTS | Patient Autonomy and the right to refuse care consistent with one's own values; Colleagues' right to work in a safe environment that is free from harassment and discrimination |
| RESPONSIBILITIES | Professional obligation to do no harm to the people we serve; Organizational obligation to provide that environment for all colleagues and patients |
1. Clinical stability of the patient is primary
2. Communication is critical
3. Capacity of the patient or member must be evaluated
4. Cultural and personal context are relevant
5. Caregivers and other colleagues must be supported
6. Personal safety is important
7. Legal requirements must be followed

• What does it mean?
• Why is it important?
• Would it apply in your organization?

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Building Competency

Colleagues across the organization experience comments or requests in favor of or against a staff member based on identity (ex: Race, Ethnicity, Religion, Age, Gender, Language, LGBTQ Identification)

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<td>Anyone who experiences patient or member bias feels supported and valued</td>
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Addressing Patient and Member Bias: A Toolkit

Colleagues around the organization experience bias from patients and members. The resources in the Leader Toolkit below can assist you in working with your team to identify ways to support one another and create a plan for addressing instances of patient and member bias when it occurs.

What would you like to do?

- Attend classroom training
- Assign or complete the online course
- Train my team (training materials)
- Access the leader resource guide
- Share the video with my team
- Address an immediate concern
- View principles and guidelines for teams
- Review Leader Quick content
- Review Team Talk resources

lead well
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Trying It Out

- What principles apply?
- What would the process look like?
- How should this colleague be supported?

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<td>Prepare in advance</td>
<td>De-escalate and stay or Disengage and Leave</td>
<td>Reporting and Follow Up</td>
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<td>* Review the standards</td>
<td>* I'm here to help care for you</td>
<td>* I'm sorry that happened</td>
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<td>* Talk to your team</td>
<td>* I'd like to talk to the patient, is that ok with you?</td>
<td>* You are valued. Did the resolution feel that way to you?</td>
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<tr>
<td>* Create a plan</td>
<td>* I understand you have concerns about your care.</td>
<td>* We are here to support you</td>
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**Now It's the Compliance Team's Turn**

- **What principles apply?**
- **What would the process look like?**
- **How should this colleague be supported?**

"Indirect" case: "That receptionist was so loud when she checked me in for my appointment – just like every other loud Latina woman. She violated my privacy."

"Direct" case: "Your accent is too heavy. I'm tired of trying to understand you. Let me talk with someone else."
Affirming Culture

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Outcomes

- Spring 2018 Team Talks
- Toolkit of resources
- Train the Trainer (over 700 employees)
- Huddles
- Ongoing management and partnership
- Sharing learnings externally

Other compliance and diversity/inclusion partnerships:

- Non Discrimination in Health Care (ACA 1557 and ADA 504)
- Employee Investigations
- Privacy
- Retaliation Allegations
Questions?